Name In Full

Certificate of Death

John Henry Bueckle

Died at Town Sandgates County St Marys MARYLAND

Date 19 07 Month 1 Day 22 | Age Y. 45 M. D. | Native of Md | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living 3

Husband of
Wife

Father's Name J. H. Bueckle | Mother's Maiden Name 93

Cause of Death: Primary Pneumonia | How long sick 4 days

Immediate | Accident, Suicide, Homicide

Reported by J. H. King.

Address Owensville Md.

Must be signed by physician, if any in attendance, otherwise [illegible] coroner, undertaker or minister.

LIBRARY BUREAU 70000

Name in Full

James Butler

Certificate of Death

Died at Town: Middletown County: Washington MARYLAND

Date 1904 Month: Jan Day: 27 Age: Y. 64 M. D. Native of: Md Occupation: Farmer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living 3

Husband / Wife of Mary Butler

Father's Name: Dont Know Mother's Name: Dont Know

Cause of Death — Primary: Heart-disease How long sick: 8 wks

Immediate: Carolina Pneumonia Accident, Suicide, Homicide

Reported by Dr Wallace B. Dent

Address Oakley

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full: Clara Carter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hunt's — County: St. Mary's

Date of death 1904 — Month: Jan. — Day: 23 — Age — Years: 1 — Months: 8 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Patrick F. Carter — 93. — Father's Birthplace: md

Mother's Maiden Name: Emiline young — Mother's Birthplace: md

Name of person giving In formation: John E. Carter — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 7 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Robt. V. Palmer

Address: Palmers md.

Accident or Suicide?

LIBRARY BUREAU A86313

Name in Full

Certificate of Death

Charles Faulkner

Died at Town: Snyder County: St. Mary's MARYLAND

Date 1904 — Month: Jan. Day: 2, | Age Y.: 15 M.: — D.: — | Native of: Maryland | Occupation: none

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband of~~ Wife

Father's Name: Filmore Faulkner Mother's Maiden Name: Mary Mason

Cause of Death: Primary — Immediate: Consumption 27 How long sick: Mountaron,

Accident, Suicide, Homicide

Reported by T. Harper Lynch, M.D.

Address Valley Lee, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Eva Pilkins

Died at Town: California County: St. Marys MARYLAND

Date 1904 Month: January Day: 25 Age Y. 2 M. D. Native of Maryland Occupation

~~Male~~ Female | White | ~~Colored~~ | Married | Single | Widow | Widower | Divorced | Number of children living

~~Husband~~ Wife of

Father's Name J. P. Pilkins

Mother's Name L. B. Pilkins

Cause of Death: Primary Parotitis and Pedunculated Cyst How long sick About 9 days

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. A. L. HODGDON.

Address Leonardville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Martha Ann Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hunterstville; County: St Mary's

Date of death 1904: Month: 1; Day: 4

Age: Years: 83; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Pr Geo. Co

Married, ~~Single~~ or Widowed: Widow

Occupation:

Name of Wife or Husband: Alexander Mason Turner

Father's Name: John L Turner

Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know

Mother's Birthplace: Dont Know

Name of person giving In formation: Joseph Turner

How related to deceased: Her son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. W. Rothebridge

Address: Charlotte Hall Md

Accident or Suicide?

LIBRARY BUREAU A88S16

Name in Full: Elizabeth M. Wood

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mechanicsville — County: St. Mary's

Date of death 1904: Month: Jany — Day: 5 — Age: Years: 1 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: St. Mary's Co.

~~Married~~, Single or ~~Widowed~~ — Occupation:

Name of Wife or Husband:

Father's Name: Chas. J. Wood — Father's Birthplace: St. Mary's Co.

Mother's Maiden Name: Mary E. Drury — Mother's Birthplace: St. Mary's

Name of person giving In formation: Chas. J. Wood — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Internal tumor — How long: 7 months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Zach. R. Morgan

Address: Mechanicsville, Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full — Certificate of Death

James Joyce

Died at — Town: Blackistone — County: St. Mary's — MARYLAND

Date 1914 — Month: Jan — Day: 13 — Age: Y. 29 M. 6 D. — Native of: md — Occupation: Fisherman

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living ~~—~~ 2

Husband / Wife of

Father's Name: Wiley Joyce — Mother's Name: Martha Joyce

Cause of Death — Primary: Tuberculosis — How long sick: 6 mos.

Immediate: Congestion of Lungs.

~~Accident Suicide, Homicide~~

Reported by: Dr Walter B. Tenison

Address: Oakley Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268